



GREAT DISCOUNTS AND A \$150 REBATE FOR JOINING A QUALIFIED FITNESS CLUB!

Our network includes:

- Tufts Health Plan network of fitness centers in Massachusetts, New Hampshire, and Rhode Island—80 health and fitness centers, and 36 Boys & Girls Clubs
- GlobalFit network of fitness centers—more than 8,000 locations nationwide
- Select Curves® locations in New England—approximately 114 locations
- Select Fitness Together locations—35 in Massachusetts

How to Get Your Rebate

Getting your rebate is simple. Complete at least four consecutive months of membership in both:

- Tufts Health Plan
- A qualified fitness center

Then fill out the Fitness Rebate Form** on the back of this flyer and submit it, along with proof of membership and proof of payment.

We'll reimburse you up to \$150 of your health and fitness club fees for the year.

Regular exercise is an important part of living a healthy lifestyle, and we want to do whatever we can to help you and your family incorporate activity into your daily lives. That's why **your Tufts Health Plan membership includes a \$150 rebate per family toward your health and fitness club* fees.** The rebate will be paid to the subscriber.

And That's Not All—More Discounts Mean More Savings for You

In addition to the \$150 reimbursement, as a member of Tufts Health Plan, you are eligible to receive the following discounts:

- Save 20% when you buy an annual membership at a Tufts Health Plan network fitness center located in Massachusetts, New Hampshire, and Rhode Island. Initiation fees are waived at these facilities.
- Save up to 60% on membership fees at any GlobalFit network fitness facility—there are over 9,000 locations nationwide to choose from.
- Receive a 50% discount on the joining fee when you join a participating New England Curves® club.
- Save 10% on the purchase of personal training packages at Fitness Together, and the initial fitness evaluation is free.

If you're not ready to join a health and fitness center yet, you can still take advantage of our discounts. As a Tufts Health Plan member, you and your family members can visit a fitness center in the Tufts Health Plan network and pay a small copayment for each visit, for up to five visits a month:

- Up to 5 years of age: Free
- Ages 6 to 15: \$3
- Ages 16 and older: \$6

*Qualifying health and fitness clubs are exercise facilities that offer equipment for cardiovascular and strength training, and improving physical fitness.

**The rebate applies only once per family, per year, after you have incurred up to \$150 of qualified health and fitness club fees. The \$150 rebate may be considered taxable income. Requests for rebates without the designated form or related documentation may delay or result in denial of your claim.

FOR MORE INFORMATION

Member Services 1-800-462-0224

tuftshealthplan.com

TUFTS  Health Plan
No one does more to keep you healthy.

FITNESS REBATE FORM

Please print clearly. Required sections are marked in blue. Retain a copy of all receipts and documents for your records. Please be sure to sign the form.

1. Member's Tufts Health Plan # <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>	2. Member's Name (Last, First, Middle Initial)															
3. Member's Date of Birth / / Sex: <input type="checkbox"/> M <input type="checkbox"/> F	4. Member's Relationship to Subscriber <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other															
5. Subscriber's Name: Address: Telephone: () -	6. Fitness Club Name: Address: Telephone: () -															
7. In what setting did the member receive treatment? (e.g., office, ER, hospital, clinic, ambulance, etc.) Fitness Club	8. Outside the USA: In what country was the member seen? _____ In what language was the bill written? _____ In what currency was the bill paid? _____															
9. DIAGNOSIS: What were you seen for? Diagnosis Code: <u>799</u> Description: <u>General</u>																
10. <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 15%; text-align: center;">A</th><th style="width: 65%; text-align: center;">B</th><th style="width: 20%; text-align: center;">C</th></tr><tr><th style="text-align: center;">Year of fitness club membership</th><th style="text-align: center;">Procedure code and/or description of procedures, services, or supplies provided</th><th style="text-align: center;">Amount paid</th></tr></thead><tbody><tr><td></td><td>* T4220 Health club membership, annual</td><td></td></tr><tr><td></td><td>*</td><td></td></tr><tr><td></td><td>*</td><td></td></tr></tbody></table>		A	B	C	Year of fitness club membership	Procedure code and/or description of procedures, services, or supplies provided	Amount paid		* T4220 Health club membership, annual			*			*	
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	* T4220 Health club membership, annual															
	*															
	*															
11. Total Amount Paid: _____																
12. Proof of service(s) through: <input type="checkbox"/> An itemized bill from the fitness club, listing year of membership and dollar amounts paid																
13. Proof of payment through one of the following: <input type="checkbox"/> The front and back of the cancelled check written to the fitness club or the bank-encoded front of the check written to the fitness club <input type="checkbox"/> A credit card statement or receipt <input type="checkbox"/> A statement from the fitness club, on the fitness club's letterhead with authorized signature, indicating payment was made <input type="checkbox"/> A receipt for purchased items, with the fitness club's name and address preprinted on the receipt, with items listed and amount paid																
14. Signature is required: I attest that the above information is true and accurate, and the services were received and paid for in the amount requested as indicated above. I acknowledge that if any information on this form is misleading or fraudulent, my coverage may be cancelled and I may be subject to criminal and/or civil penalties for false health care claims. I also understand that Tufts HP may request any additional information it deems necessary to verify that services were received and payment was made. I understand that the \$150 fitness rebate may be considered taxable income. _____																

INTERNAL USE ONLY

Representative's Name/Extension:

Corporate Receipt Date:

Please submit this form and all documentation to:

TUFTS HEALTH PLAN
MEMBER REIMBURSEMENT CLAIMS, PO BOX 9191
WATERTOWN, MA 02471-9191

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TUFTS  Health Plan
No one does more to keep you healthy.